## **MEAP Security Compliance Form**

I, the undersigned, do certify and attest to all of the following:

I have had access to a printed or electronic copy of the *Professional Assessment & Accountability Practices* for *Educators* as published by the Office of Educational Assessment and Accountability of the Michigan Department of Education and

I have read the sections applicable to assessment security, preparation, and administration, and

I have read the section regarding the duties and responsibilities of my role in the assessment process, and

I have followed the practices as they relate to my role in the current assessment.

Note. Ose a No. 2 perior only.	USE NO. 2 PENCIL ONLY
Date:	
Signature:	
Drinted Name:	

Note: An electronic copy of the *Professional Assessment & Accountability Practices for Educators* is available at http://www.michigan.gov/oeaa. For further information, contact the Michigan Department of Education, Office of Educational Assessment and Accountability, 608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909; call toll-free: 1-877-560-8378.

1	SCHOOL			DISTRICT					
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

2		MEAP	ROLE	
	000	District Coordinator Building Coordinator Assessment Administrator	0	Proctor Accommodations Provider Other

3	INFORMATION BOX	
PLEASE PRINT-Use full names.		
School Name: _		
City:		

## INSTRUCTIONS

- 1. Use a No. 2 pencil only. In the boxes under School, District, indicate the district code if you are the District Coordinator or have district-wide responsibilities including MEAP assessment. All other assessment administrators must fill in the school code and district code. Fill in the corresponding circles.
- 2. Fill in the corresponding circle next to your role in the MEAP assessment (ex: district coordinator, building coordinator, etc.).
- 3. In the Information Box, print your school name, city, and district name on the lines provided.
- 4. Once the form has been completed, return it to your district assessment coordinator.